

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 02 OCT 25 AM 11:15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N99000005503**

1. Corporation Name
FIRST PRESBYTERIAN CHURCH OF STARKE, FLORIDA, INC.

Principal Place of Business Mailing Address
921 EAST CALL STREET 921 EAST CALL STREET
STARKE FL 32091 STARKE FL 32091



REINSTATEMENT 02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/10/1999	
City & State		City & State		5. FEI Number	
Zip		Country		69-2061315	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
T	GAY, JANE	RT 5 BOX 7468	STARKE FL 32091
T	JOHNSON, JOHNNIE	769 WEST MARKET DR.	STARKE FL 32091
T	WELLS, ORIAN	1310 EAST CALL STREET	STARKE FL 32091
T	ROBERTS, SCOTT	1347 CHATAUGUA WAY	KEYSTONE HEIGHTS FL 32056
T	MOISE, MILTON	6115 KINGSLEY LAKE DR.	STARKE FL 32091
T	MONTGOMERY, DAVID	P.O. BOX 459	STARKE FL 32091

8. Name and Address of Current Registered Agent

WELLS, ORIAN
 1310 EAST CALL STREET
 STARKE FL 32091

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. **900008597119**
 City _____ State **FL** Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent _____ **SIGNATURE REQUIRED** _____ Date 10/20/02
 REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ **SIGNATURE REQUIRED** _____ Date 10/21/02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Daytime Phone # _____

CR2E040 (8/02)